File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE A ETHICS AND

Effective January 1, 2010, all statements and reports filed by new committees OSURE DISCLOSURE I

for state office must be filed electronically and effective January 1, 2012, all

statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of	Organization)			
Friends to Elect Brinson Kinzer			FORM	ı
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candidat (4) County Central Committee (5) County Candidate (6) City C Subdivision Candidate (8) County PAC (9) City PAC (10) Sch (11) Local Ballot Issue	le (2)State PAC (3)State Party	tical	DR-2 (Rev. 12/2009) For Office Use On	
CANDIDATE COMMITTEES ONLY:			Comm. #	
Candidate Name	Political Party (if applicable	,	Logged In	
Brinson Kinzer	Non Partisan	, I	Scanned Computer	
Office Sought Mayor of Blue Grass, Iowa	District (if Senate or House House 84		Audited	
Late reports are subject to possible civil and criminal penalties. candidate's committee, and the chairperson, for any other type	Pursuant to Iowa Code sections 688.3 of committee, is the individual response	2A(7) and 6	68A.401(3), the car	ndidate, for a
SIGNATURE OF PERSON FILING REPORT	563-381-768 TELEPHONE		4 3 DATES	IGNED GRED
AM FILING A Non Election Year 1-19-15	REPORT FOR (1) ELECTION	ON /(2)NON	N-ELECTION YE	AR.
(report date)	Indicate t	y # 2		
□CHECK IF AMENDMENT TO REPORT DATED		Lacal Co	mmittage enter De	to of Florina
		Locar Co	mmittees, enter Da	te of Election
VI CHECK II IIIS IS TIMAL (Termination) report and attach blotic	o of Dioceluties F DD o		Local Committees	
Check if this is final (termination) report and attach Notic (You must continue to file reports until a DR-3 is file	led.)	County & which Ek	ection is held	, enter County in
(You must continue to file reports until a DR-3 is fi	led.)	County & which Ek	ection is held	, enter County in
STATEMENT OF CASH ON HA CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the	ND Total of all funds held by the	which Ek	ection is held	enter County in
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FOR INSTRUCTIONS, SEE BACK OF FORM



EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME	(Must be	same as on	Statement of	f Organization)

Friends to Elect Brinson Kinzer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	- AMOUNT EXPENDED
/3/14	ID# CK# 3	- Unitemized	donation	\$ 2.11
	ID# CK#			
	ID# CK#			
	ID#			
	CK#			
	CK#			
	ID# CK#			
	ID# CK#			
1	ID# CK#			

SUB-TOTAL \$ 2.11

TOTAL (if last page of this schedule)

\$ 2.11

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page	of
9	

(for Schedule B)